

OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Grant**
 Month/Year: **Sep-21**

System Name:		Prairie City		ID# 41	00673	WTP : TP -		A
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]	
1							0.08	
2							0.08	
3							0.08	
4							0.08	
5							0.08	
6							0.08	
7							0.06	
8							0.06	
9							0.06	
10							0.08	
11							0.08	
12							0.08	
13							0.08	
14							0.07	
15							0.07	
16							0.07	
17							0.07	
18							0.08	
19							0.07	
20							0.07	
21							0.08	
22							0.09	
23							0.09	
24							0.09	
25							0.09	
26							0.08	
27							0.08	
28							0.08	
29							0.08	
30							0.08	
31							0.07	

<p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings \leq 1 NTU? ² Yes / No</p> <p>All daily turbidity readings \leq 5 NTU? Yes / No</p>	<p align="center">Monthly Summary (Answer Yes or No)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CT's met everyday? (see back)</td> <td style="width:50%;">All Cl2 residual at entry point \geq 0.2 mg/l?</td> </tr> <tr> <td align="center">Yes / No</td> <td align="center">Yes / No</td> </tr> </table>	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?	Yes / No	Yes / No
CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?				
Yes / No	Yes / No				
<p>Notes:</p>	<p>PRINTED NAME: Chris Camarena</p> <p>SIGNATURE: </p> <p>PHONE #: (541)820-3636</p> <p>DATE: 10-04-21</p> <p>CERT #: 08546</p>				

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : A

System Name: **Prairie City** ID# **41** 00673 Month/Year: **Sep-21** Disinfection *Giardia* Log Inactiv: **1.0**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)+7	Actual CT	Temp	pH	Required CT	CT Met? ³	Plant Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.6	230	138.0	20.0	8.00	27.0	YES	217
2	0.7	220	154.0	20.0	8.00	27.3	YES	227
3	0.6	198	118.8	20.0	8.00	27.0	YES	254
4	0.6	164	98.4	20.0	8.00	27.0	YES	308
5	0.6	199	119.4	20.0	8.00	27.0	YES	252
6	0.6	168	100.8	20.0	8.00	27.0	YES	301
7	0.6	250	150.0	20.0	8.00	27.0	YES	194
8	0.6	237	142.2	20.0	8.00	27.0	YES	204
9	0.6	203	121.8	20.0	8.00	27.0	YES	247
10	0.7	278	194.6	20.0	8.00	27.3	YES	174
11	0.7	239	167.3	20.0	8.00	27.3	YES	203
12	0.7	198	138.6	20.0	8.00	27.3	YES	244
13	0.7	215	150.5	20.0	8.00	27.3	YES	233
14	0.7	212	148.4	20.0	8.00	27.3	YES	236
15	0.7	203	142.1	20.0	8.00	27.3	YES	247
16	0.7	202	141.4	20.0	8.00	27.3	YES	248
17	0.5	204	102.0	20.0	8.00	26.7	YES	246
18	0.5	205	102.5	20.0	8.00	26.7	YES	245
19	0.5	263	131.5	20.0	8.00	26.7	YES	189
20	0.5	297	148.5	20.0	8.00	26.7	YES	167
21	0.4	278	111.2	20.0	8.00	26.4	YES	179
22	0.4	273	109.2	20.0	8.00	26.4	YES	182
23	0.4	181	72.4	20.0	8.00	26.4	YES	279
24	0.5	181	90.5	20.0	8.00	26.7	YES	279
25	0.5	173	86.5	20.0	8.00	26.7	YES	291
26	0.5	243	121.5	20.0	8.00	26.7	YES	205
27	0.6	178	106.8	20.0	8.00	27.0	YES	284
28	0.6	218	130.8	20.0	8.00	27.0	YES	229
29	0.6	265	159.0	20.0	8.00	27.0	YES	188
30	0.7	188	131.6	20.0	8.00	27.3	YES	268
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350